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FEC	
FORM	,

FEC FORM 1	ORGANIZATION					Office Use Only		
NAME OF COMMITTEE (in	n full)	(Check if naming is changed)		nple:If typing, type the lines.	12FE4N	15		
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			CITY		STATE	ZIP CODE		
COMMITTEE'S E-MA	AIL ADDRE	SS (Please provide only	one e-mail add	dress)				
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COMMITTEE'S WEE	B PAGE AD	DRESS (URL)		•				
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2. DATE 0	7 0	3 2.0.1.1				·		
3. FEC IDENTIFIC	CATION N	UMBER 3		e conservação e començão e començ				
4. IS THIS STATE	MENT X	NEW (N)	OR _	AMENDED (A)				
I certify that I have	examined th	his Statement and to the	e best of my l	knowledge and belief i	t is true, corr	ect and complete.		
Type or Print Name		Barry A. W	eprin M		Date 0	7 0 8 2 2 0 1 1		
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NOTE: Submission of	false, errone	eous, or incomplete inform	•			t to the penalties of 2 U.S.C. §437g. YS.		
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)		